

CITIZENS' BOARD/COMMISSION APPLICATION FOR APPOINTMENT CITY OF LA HABRA

Please complete and submit to the City Clerk Department located in the Administration Building at 110 E. La Habra Boulevard, La Habra, CA 90631. Please select the position applying for:

POSITION:	OTHER POSITION:		
APPLICANT'S NAME:			
RESIDENCE/BUSINESS ADDRESS:			
PHONE:	FAX:	E-MAIL:	
HOW LONG HAVE YOU BEEN A RESIDENT OF LA HABRA?	OCCUPATIO	N:	
EDUCATIONAL BACKGROUND:			
MEMBERSHIP OR LICENSE IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS:			
MEMBERSHIP IN CIVIC AND OR SERV	ICE ORGANIZAT	IONS:	
CIVIC INTERESTS:			
DO YOU POSSESS ANY SPECIAL SKILLS?:			
ADDITIONAL COMMENTS:			
It is the policy of the City Council to make app interests and qualifications of the	pointments to citizens' applicant. Applicants	committees, boards and commissions on the basis of must be residents of the City of La Habra.	
SIGNATURE:			
Please do n	ot write below this line	for office use only	
Date Application Received:	Арр	ication Received By:	
LH Resident Verified:	Date	Verified:	
Interview Date:	Inte	view Time:	
Date Applicant Notified by Phone:	Date	Date Applicant Notified by Letter:	
Date Follow-up Letters Mailed:	Date	Date Completed:	